

ILLINOIS WISEWOMAN PROGRAM
Participant Consent

The purpose of the Illinois WISEWOMAN Program (IWP) is to help identify and reduce risk for cardiovascular disease (CVD, also known as heart disease) and stroke through education about nutrition and physical activity. All information collected will be kept confidential.

I understand that as an Illinois WISEWOMAN Program participant:

I will have a screening visit to check the following: height, weight, cholesterol level, blood glucose level, and blood pressure. This screening visit will be performed with my annual exam for the Illinois Breast and Cervical Cancer Program (IBCCP). For each year that I return for my annual IBCCP exam, I may have follow-up IWP screenings.

In order to check the cholesterol and blood sugar levels in my body, I will have 2 – 2 ½ tablespoons of blood drawn from a vein in my arm. There will be no costs for this test.

I will not eat or drink anything other than water for nine hours before my screening visit. I am allowed to take any prescribed medication with only a sip of water.

I will be asked questions about my health history and family health history to find out if I am at risk for CVD. It is my responsibility to see a Medical Provider if it is required. Even if it is not required, I understand it is a good idea to get approval from my Medical Provider before beginning regular, planned physical activity.

I will be asked questions related to what I eat and my level of physical activity, to determine my risk for CVD.

If my blood pressure, cholesterol, and/or blood sugar results are not normal, I may be referred to a participating Medical Provider for a diagnostic exam. I understand that the Illinois WISEWOMAN Program will pay for the exam. I will be responsible for the costs of any further follow-up medical appointments and tests.

I understand that the Illinois WISEWOMAN Program cannot pay for any medications the Medical Provider might prescribe for me; but I will be offered assistance to find free or reduced cost medications.

It is my responsibility to keep all appointments.

I will be offered enrollment in a course with 4 weekly sessions which address nutrition and physical activity. During the course of this program, I will be given the opportunity to talk with a lifestyle intervention facilitator by telephone. The purpose of these contacts is to support my healthy lifestyle behaviors to reduce and/or prevent CVD risk factors.

I understand that if I have any questions, I can call the Winnebago County Health Department at (815)972-7250 or the Illinois WISEWOMAN Program Coordinator at the Illinois Department of Public Health at 217-524-6088.

I understand the information in this consent and agree to participate in the Illinois WISEWOMAN Program.

Participant's Signature	Date	Witness Signature	Date

Participant's Printed Name	Witness Printed Name